

FOR INSTRUCTIONS, SEE BACK OF FORM  
**DISCLOSURE SUMMARY PAGE**IA ETHICS AND  
CAMPAIGN DISCLOSURE BO.File with:  
Iowa Ethics and Campaign  
Disclosure Board  
510 E. 12<sup>th</sup> St. 1A  
Des Moines, Iowa 50319  
Fax: 515-281-4073Effective January 1, 2010, all statements and reports filed by new committees  
for state office must be filed electronically and effective January 1, 2010, all  
statements and reports filed by all committees for state office must be filed  
electronically.Effective May 1, 2010, all statements and reports for State PACs and State  
Parties must be filed electronically.

JAN 13 PM 1:26

Reset Form

<b>COMMITTEE NAME</b> (Must be same as on Statement of Organization)	
<u>WINCKLER FOR STATE HOUSE.</u>	
IMPORTANT: Indicate by # type of committee you are reporting for: <u>1</u>	
(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party (4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue	
<b>CANDIDATE COMMITTEES ONLY:</b>	
Candidate Name <u>CINDY WINCKLER</u>	Political Party (if applicable) <u>DEMOCRAT</u>
Office Sought <u>HOUSE REPRESENTATIVE</u>	District (if Senate or House) <u>86</u>

<b>FORM</b> <b>DR-2</b> (Rev. 12/2009)	<b>DISCLOSURE</b> <b>REPORT</b>
For Office Use Only	
Comm. #	<u>1229</u>
Logged In	<u>CO</u>
Scanned	
Computer	
Audited	

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a  
candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports.Thomas C. Englund  
SIGNATURE OF PERSON FILING REPORT563.386.2672  
TELEPHONE1/13/10  
DATE SIGNEDI AM FILING A 12-31-09 REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.  
(report date) Indicate by # 2☐ CHECK IF AMENDMENT TO REPORT DATED \_\_\_\_\_☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.  
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in  
which Election is heldScott**STATEMENT OF CASH ON HAND**CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the  
committee. This amount MUST be the same as the cash on hand at the end  
of the last reporting period or must be zero if this is first report filed.)

\$

5,588.66**ADD TOTAL MONEY TAKEN IN THIS PERIOD**

Schedule A: Cash Contributions total (Attach Schedule A) ("also see in-kind below) .....

925.00

Schedule F: Loans Received total (Attach Schedule F) .....

Schedule H: Total Sales of Campaign Property (Attach Schedule H) .....

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL .....

6,513.66**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**

Schedule B: Expenditures total (Attach Schedule B) ("also see debts and loans below) .....

4176.73

Schedule F: Loan Repayments total (Attach Schedule F) .....

CASH ON HAND at the end of this reporting period (if final report balance must be zero) .....

\$

2336.93

\*\*UNPAID BILLS (From Schedule D - Attach Schedule D) .....

\$

\*\*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) .....

\$

25.00

\*\*OUTSTANDING LOANS (From Schedule F - Attach Schedule F) .....

\$

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES NO

**CANDIDATE COMMITTEES ONLY:**

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$

1,610.00**STATE COMMITTEES:** Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form



## CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE <b>A</b> (Rev. 07/03)	MONEY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

WINKLER FOR STATE HOUSE

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
8/24/09	ID# CK#	ANDREW BAUMERT 5068 CORNWELL DR W DES MOINES, IA 50265		\$ 25.00	<input type="checkbox"/>
	ID# CK#	STEVEN OUEL 2259 WASHINGTON AVE SE CEDAR RAPIDS, IA 52403		50.00	<input type="checkbox"/>
	ID# CK#	ROBERT JOSTEN 801 GRAND STE 3900 DES MOINES, IA 50309		100.00	<input type="checkbox"/>
	ID# CK#	KYLE FREITE 4318 152ND CT URBANDALE, IA 50323		100.00	<input type="checkbox"/>
	ID# 6075 CK# 1672	IOWA NURSES' ASSOCIATION PAC 1501 42ND ST STE 471 W. DES MOINES, IA 50266		100.00	<input type="checkbox"/>
	ID# 6058 CK# 4520	IOWA CHIROPRACTIC SOCIETY PAC 100 E GRAND AVENUE STE 240 DES MOINES, IA 50309		100.00	<input type="checkbox"/>
	ID# 8535 CK# 380	KRAFT FOODS GLOBAL, INC PAC 975 F ST N.W. STE 1000 WASHINGTON, D.C. 20004		250.00	<input type="checkbox"/>
12/14/09	ID# 9736 CK# 3113	IOWANS FOR A SKILLED WORKFORCE 707 E LOCUST DES MOINES, IA 50309		200.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$925.00	
TOTAL (if last page of this schedule)				\$925.00	

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1  
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

## EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE <b>B</b> (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

WINKLER FOR STATE HOUSE

DATE EXPENDED (MM/DD/YY)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
2/2/09	ID# CK# 1244	CANDY WINKLER 6 THODE CT DAVENPORT, IA 52802	REIMBURSE FOR NEW COMPUTER + SOFTWARE	\$2012.53
4/8/09	ID# 9166 CK# 1245	SCOTT COUNTY DEMOCRATS P.O. BOX 2009 DAVENPORT, IA 52809	TICKETS TO DINNER + AD	475.00
7/31/09	ID# 9166 CK# 1244	" " "	FAIR PRIZE	25.00
8/17/09	ID# 9166 CK# 1247	" " "	DONATION	600.00
8/27/09	ID# 9098 CK# 1248	HOUSE TRUMAN FUND 5601 FLEUR DR DES MOINES, IA 50321	DONATION	1,000.00
1-31-09 to 12-31-09	ID# CK#	WELLS FARGO BANK 666 WALNUT ST DES MOINES, IA 50309	MONTHLY BANK SERVICE CHARGES \$5.35 X 12	64.20
	ID# CK#			
	ID# CK#			

SUB-TOTAL \$4,176.73

TOTAL (if last page of this schedule) \$4,176.73

## THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

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(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

WINNELLER FOR STATE HOUSE

Reset Form

SCHEDULE <b>E</b> (Rev. 08/97)	IN-KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

DATE RECEIVED (MM/DD/YY)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
8/17/09	HOUSE TRUMAN FUND 5601 FLEUR DR DES MOINES, IA 50321		INVITATIONS + POSTAGE	\$ 25.00	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
SUB-TOTAL				\$ 25.00	
TOTAL (if last page of this schedule)				\$ 25.00	

\*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

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(for Schedule E)

FOR INSTRUCTIONS, SEE BACK OF FORM

**PRESIDENT****THIS FORM IS USED BY CANDIDATES' COMMITTEES ONLY**

COMMITTEE NAME (Must be same as on Statement of Organization)

WINCKLER FOR STATE HOUSE

SCHEDULE

**H**

(Rev. 02/08)

CAMPAIGN  
PROPERTYATTACH SCHEDULE H TO  
EACH REPORT, MAKING  
CHANGES AS REQUIRED.☐ CHECK THIS BOX IF  
AMENDING FORM**PART I - ONGOING INVENTORY OF CAMPAIGN PROPERTY**

Date Purchased (Schedule B) or Date Received (Schedule E) (MM/DD/YY)	Description of Property	Purchase Price or Est Value When Acquired*	Current Value at Fair Market This Report
2/2/09	LAPTOP COMPUTER + SOFTWARE	2,012.53	1,610.00

TOTAL VALUE CAMPAIGN PROPERTY THIS REPORT (TRANSFER TO SUMMARY PAGE) \$ 1,610.00

\* If estimated, show est. beside figure.

**PART II - SALES OR TRANSFERS OF CAMPAIGN PROPERTY \*\***

Date (MM/DD/YY)	Name and Address of Purchaser/Donor	Description of Property	Sold? Y/N	Sale Price	Value of Donation

TOTALS \$ \_\_\_\_\_ \$ \_\_\_\_\_

**\*\* PROPERTY SALES & TRANSFERS TOTAL (TRANSFER TO SUMMARY PAGE) \$ \_\_\_\_\_**

(Attach Additional Schedules if Needed)